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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Lemoore expands training through televideo technology

By LT Katherine Ormsbee, MSC, Naval Hospital, Lemoore

Lemoore, Calif.--Naval Hospital Lemoore is taking advantage of televideo technology to improve distribution of its training courses. Students no longer have to worry about travel schedules or the availability of TAD funds to participate in Lemoore-sponsored training. Lemoore's training goes to them.

This Navy hospital, nestled in California's San Joaquin Valley, recently broadcast a video teleconference "Sick Call Screener" course to corpsmen 400 miles away aboard Pacific Fleet ships and at the Naval School of Health Sciences in San Diego.

Classes were broadcast every Friday for six weeks. The course taught corpsmen diagnosis, treatment and documentation of the most common illnesses seen in military sick call. With this knowledge, the screener is then able to refer the patient accordingly, providing valuable assistance to the medical officer.

Hospital Corpsman Gemma Simon, from USS Oldendorf (DD 972), believes the course was worth the effort.

"The academics are challenging. Moving information and not people is a win-win [situation] for all," he said.

In addition to the Sick Call Screener course, Lemoore also used teleconferencing for its May 1 Officer Career Information Training. Again, travel time and money were saved.

This time Naval Ambulatory Clinic Port Hueneme, about 200 miles away and Naval School of Health Sciences, San Diego personnel stayed at home to view the information.

Officers received instruction in service records maintenance, selection boards process, subspecialty codes, redesignation and assignment process, among other topics.

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Headline: Navy & Army join forces to advance dentistry
By Doris Ryan, Naval Medical Research and Development
Command

BETHESDA, Md.-- The Army Dental Research Detachment, previously located at Walter Reed Army Medical Center in Washington, D.C, recently joined forces with the Naval Dental Research Institute at the Great Lakes Training Station, Great Lakes, Ill, creating one of the largest dental research organizations in the United States.

The combined research objective of these two laboratories is to improve pre-deployment preventive measures and deployment dental treatment capabilities to support the missions of Sailors, Marines and Soldiers

The co-location of the Navy and Army dental research programs will eliminate redundancies in research, avoid duplication of administrative costs and share research expertise and specialized equipment more effectively.

Navy and Army personnel will participate in cross-training and integrating many military functions such as watch bills, command inspections, and collateral duties.

Together the laboratories will continue a tradition of innovation and expanding cooperative research projects.

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Headline: From Loblolly Boys to Hospital Corpsman: 100
years of service

Serving on ships with sails, they were called "Loblolly Boys." They held sick call in the "bay of the ship" and carried hot tar for the surgeons to sear amputated stumps. Now, 100 years later, "Hospital Corpsmen" serve on modern ships, in medical facilities ashore, in research centers, with SEAL teams, aviation units and with Marines.

As the centennial birthday of the Hospital Corpsman rate approaches, their service and sacrifice in war and peace will be celebrated, with balls and memorabilia, at Navy medical facilities around the world.

Hospital corpsmen at the Bureau of Medicine and Surgery (BUMED) have been busy planning for what could arguably be called the grandest of the balls, the National Celebration of the Centennial Anniversary ball, which is scheduled for the Washington Metropolitan area June 13.

To keep everyone informed about planned anniversary events, information is available on the Naval School of Health Sciences (NSHS), Bethesda, web page:
<http://nshs.med.navy.mil/hmball100>, as well as through the Force Master Chief's section of the BUMED's web page under "What's

New?":

<http://nmimc-webl.med.navy.mil/bumed/med-00hc/default.htm>

Hospital Corpsman Second Class Joshua A. Ehrenberg of NSHS, Bethesda volunteered over 100 hours to create the NSHS page with input from 50 NSHS volunteers. More than 100 hours were required to maintain the History of the Hospital Corpsman page with its associated graphics and links.

Halfway around the world at U.S. Naval Hospital (USNH) Okinawa, the staff has been busy ensuring their event is planned to the last detail.

USNH Okinawa has produced a popular memento: a 100th anniversary coin. The design for the coin came from the official Hospital Corpsman 100th birthday logo on the BUMED web page. Each coin comes in three colors, with the logo on one side and the caduceus on the other.

"The manufacturer has been working overtime keeping us supplied," said Hospital Corpsman Chief (Fleet Marine Forces) Susett Poe. "We'll get a new shipment in and within five days we have to place another order."

Commands interested in purchasing coins may contact HMCS (FMF/NAC) Hartzell at email: hartzellrf@oki10.med.navy.mil

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Headline: Okinawa hospital shares western medical techniques

By Lance Cpl. Abigail B. LaBin, Marine Corps Base Camp S.D. Butler

Okinawa, Japan--U.S. Naval Hospital, Okinawa is practicing positive community relations by sharing professional information and experience with graduates of Japanese medical schools. Its Postgraduate Medical Training Program, started in 1990, shares western medical techniques with the graduates and provides liaisons to enhance patient care at Japanese medical facilities.

The yearlong program, from which six Japanese doctors recently graduated, trains interns in medical and surgical specialties such as emergency medicine, internal medicine, family practice, general surgery, obstetric/gynecology, orthopedics and pediatrics.

Students are also introduced to addiction medicine, anesthesiology, opthamology, otolaryngology, pathology, physical therapy, podiatry, psychiatry, radiology and urology.

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Headline: Don't forget the Association of Military Surgeons awards

WASHINGTON--The May 31 deadline for nominations and essay submissions for the Association of Military Surgeons of the United States (AMSUS) awards is near. This is a unique opportunity to nominate a deserving individual for this prestigious award. The AMSUS conference will be in San Antonio, Tx., November 8-13. Don't miss this opportunity to recognize individuals in your command doing outstanding work in their field.

If your command doesn't have information summarizing each award and how to submit a candidate for an award, contact AMSUS (301) 897-8800. Fax material can sent to (301) 530-5446.

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Headline: TRICARE question and answer

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Question: Will the quality of care that I currently receive through the Military Treatment Facility improve with the TRICARE program?

Answer: The same high quality of care that you are receiving will continue and be enhanced because of improved access and continuity of care for enrolled members. Active duty personnel and their family members using TRICARE Prime have guaranteed access to care and priority appointment scheduling. They also have a Primary Care Manager who provides and coordinates all their care, maintains their health records and arranges for specialists or for hospital admission when necessary. TRICARE Prime also offers the additional benefit of wellness and prevention services such as eye exams, immunizations, hearing screenings, mammography, pap smears and prostate exams.

To learn more details about how TRICARE will best benefit you and your family, contact your TRICARE Service Center or local Military Treatment Facility.

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Headline: Healthwatch: The truth about fad diets

by LT Leslie Cox, MSC., National Naval Medical Center, Bethesda

BETHESDA, Md.--You've heard the ads: "Lose all the weight you want, without diet and exercise!" or "melt those pounds away...lose up to 30 pounds a month, guaranteed!" The American public is faced with an overwhelming amount of food and nutrition information. Despite the aggressive attempts by the federal government and various national health organizations to educate the public on healthy eating and nutrition, fad diets are everywhere. Unfortunately, it is not always clear how to distinguish nutrition facts from nutrition fallacy.

Nutrition facts are those that have been established by research in a laboratory setting; nutrition fallacy consists of erroneous facts or misinterpretation of nutrition science. Fad diets come in all forms: television ads selling a diet plan or product, a book on the bestseller list written by a doctor or Ph.D., a print ad in the newspaper or magazine, or from your best friend or next-door neighbor. How can you tell if a nutrition claim is true? It's hard! Here is a checklist of what to look for in a nutritional product or diet promotion:

Does it promise a quick "fix" with minimal effort?

Is it advertised primarily by the use of case histories or testimonials?

Does it contain some secret ingredient?

Does it dismiss currently accepted nutrition theories or

practices?

Does it limit the diet to a specific time (3-day, 7-day)?

Is it expensive?

Does it seem too good to be true?

Quick weight loss is not a permanent solution to obesity. Successful weight loss means losing weight and keeping it off. A weight reduction diet that incorporates changes in eating and exercise habits facilitating gradual weight loss has been proven to be the most successful. The problem with fad diets is that they restrict or limit certain foods or entire food groups which is unrealistic, and possibly dangerous (i.e. The Beverly Hills fruit diet, the Cabbage Soup diet, the 7-day fat burning diet). A 7-day diet may allow a person to lose some weight, but what happens after the 7 days are over? Fad diets such as these cause a temporary loss of water, which gives the false impression of losing weight. High-protein, low-carbohydrate diets are known for this. Once eating returns to normal, the weight returns to pre-diet levels.

Another common fallacy is the "fat-burning" diet. Grapefruit or other foods will not burn fat. You "burn" fat by either eating less food than your body needs or doing aerobic exercise. To lose weight, you must create a calorie deficit, meaning you burn more calories than you take in. Remember, 3,500 calories equals a pound of fat. If you create a 500-calorie deficit each day for a week, you will theoretically lose one pound of body fat. This is why weight loss is such a slow process. Any diet that promises that you will lose more than 2 pounds per week is probably a fad diet--don't be fooled! Remember the cardinal rule of nutrition: Don't believe everything you read about nutrition from someone trying to sell you something!

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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